Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

1061448)

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			72				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			7 <i>9</i> min	us 20=	* e	* 0		X\$ 9=	÷	OR	X\$18=	
INDEPENDENT CLAIMS			Y mir	nus 3 =	* /			X42≈	42	OR	X84=	19
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	417	OR	TOTAL	C
CLAIMS AS AMENDED - PART II								<b>L</b>			OTHER THAN	
		(Column 1)	(Column 2) HIGHEST			(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA			X42≈		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM		¹	+140=		OR	+280=	
						TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=	-	OR	X\$18 <b>=</b>	
\ME	Independent	*	Minus	***	· · · · ·			X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							440				
								+140=		OR	+280=	
		•					Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	1	(Column 1)			ımn 2)	(Column 3)	_			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT OL ALL	=	┧┞	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
		ımn 1 is tess than t					L	TOTAL		1	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADD ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
l	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numb	er four	nd in the app	propriate bo	x in co	olumn 1.	